

# CHAPTER 4

## APPLYING FOR SERVICES

### Currently Eligible DDSN Consumers

If a parent/legal guardian is interested in receiving EIBI services through the PDD Waiver and his/her child is currently eligible for DDSN services, the parent/legal guardian should contact the child's Service Coordinator and request that the child go through the intake process for the PDD Waiver. The Service Coordinator will:

1. Assure the child meets the target population criteria as follows:
  - The child is age 3 through 10.
  - The child was diagnosed with a PDD by age eight. The diagnoses must have come from a licensed diagnostician. Diagnostic documentation must include information clarifying a DSM-IV rating.
  - For an autism diagnosis, there must be evidence of at least two of the following: Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Interview (ADI), Social Communication Questionnaire (SCQ), or Childhood Autism Rating Scale (CARS).
  - For other PDD diagnosis there must be evidence ruling out autism using previously mentioned tools and the DSM-IV Criteria Checklist/Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) 299.80 and the Scale of Pervasive Developmental Disorder in Mentally Retarded Persons (PDD-MRS).
  - Meet Medicaid financial criteria or provides documentation of financial ineligibility for Medicaid.
  - Assure that the child meets ICF/MR Level of Care medical criteria (as determined by the DDSN Consumer Assessment Team for this program).
2. If it is determined that the child meets the target population criteria, the Service Coordinator will:
  - Assist the parent/legal guardian with completing the application: **Request for PDD Waiver Slot Allocation: Cover Sheet (PDD Form 30)**. This form must be signed by the parent/legal guardian.

- Complete the form **Request for ICF/MR Level of Care for the PDD Waiver (PDD Form 9)** and gather all documents necessary for CAT to complete a LOC (see Level of Care Determination section for specific documents).
- Determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If the parent's/legal guardian's express an interest in serving as the Responsible Party or desire more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information (PDD Info-Sheet 8)**. When the child is awarded a slot for services, the Service Coordinator will assist the parents/legal guardians with completing all necessary forms.

Once the aforementioned tasks have been completed, a packet containing all information will be sent to the District 1 Waiver Enrollment Coordinator. When a waiver slot becomes available, the District 1 Waiver Enrollment Coordinator will forward all documents to CAT for a LOC determination. The procedures outlined in the Level of Care and Slot Allocation and Enrollment sections will then be followed. If no slot is available, the child's name will be placed on a waiting list. When slots become available, the packet of the first child's name from the waiting list will be forwarded to CAT for a LOC determination.

## **Non DDSN Consumers**

To be considered for the PDD Waiver, children who are not consumers of DDSN must go through Screening, Intake, and Service Coordination Selection.

### Screening

Screening is the process initiated by the child's parent/legal guardian via the PDD Intake and Referral Call Center. The PDD Intake and Referral Call Center serves as the single entry point for participation in the PDD Waiver for all children not currently served by DDSN. The Call Center provides the caller with a brief overview of EIBI services. A trained screener asks the caller a series of questions to help determine if the child is appropriate for a referral.

1. Families interested in receiving EIBI services must call the PDD Waiver Intake and Referral toll free number (1-888-576-4658) and leave their name and phone numbers. The screener will have 48 hours to return all calls. Calls will be returned in the order in which they were received. The date and time all calls are received and returned will be maintained in a log book by the Intake and Referral staff.
2. Upon making contact with a family, the screener will ask several questions to determine if the referral is appropriate. If responses indicate that the child may be eligible for EIBI services through the PDD Waiver, the screener will assist the parent through the intake process.

If responses rule out eligibility, the screener will confer with the Autism Division for confirmation. If the Autism Division concurs with the screener the process will end. If this occurs, the family/legal guardian will receive from the screener, a **Notice of Denial of Services**

**(PDD IR Letter 3)** stating the reason for the denial. The family/legal guardian will also be informed of their right to appeal per the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process (PDD Form 31-A)**. If the Autism Division does not concur, the child will continue through the process.

### Intake

Intake is the process in which specific documents are signed by the parent; records to support the applicant's diagnosis are requested, and additional information is provided to the parent about the PDD Waiver.

If the child is screened in as appropriate for PDD services, the parent/legal guardian will be guided through the intake process by the PDD Intake and Referral Screener.

1. The screener will:
  - Explain the process for applying for the PDD Waiver and EIBI services.
  - Offer a choice of Service Coordination Provider. This will be documented on the **Acknowledgement of Service Coordination Choice (PDD Form IR 3)**. The screener will inform the parent/legal guardian of all available Service Coordination providers in their county.
  - Obtain the name, address and phone number of the child's physicians, teachers, and any other service providers. This information will be used to complete the **Authorization for Release of Information (PDD Form IR 4)** forms so the child's records can be obtained.
  - Assist the family with applying for Medicaid eligibility if the child is not a current recipient.
2. The screener will have three (3) working days to mail the family a packet that includes, a self-addressed stamped envelop, and the following documents:
  - A letter (**PDD IR Letter 1**) explaining the enclosed packet.
  - The **Acknowledgement of Service Coordination Choice (PDD Form IR 3)** along with a list of SC providers for that county.
  - A separate **Authorization for Release of Information (PDD Form IR 4)** for each entity.
  - The **Pervasive Developmental Disorder Waiver Information Sheet (PDD Info-Sheet 1)**.
  - The **Pervasive Developmental Disorder Program Fact Sheet (PDD Info-Sheet 2)**.

3. After reviewing the information, the parent/legal guardian must sign the **Acknowledgement of Service Coordination Choice (PDD Form IR 3)** and all **Authorization for Release of Information (PDD Form IR 4)** forms. These documents must be returned to the screener for the process to continue.
4. When the completed documents are received from the parent/legal guardian, the screener will:
  - Date stamp all documents.
  - Review all documents to assure they have been completed, signed and dated.
  - Contact the parent/legal guardian if information is missing or additional information is needed.
  - Mail the **Records Request Letter (PDD IR Letter 2)** and release forms to the appropriate professional/provider.
5. Once all requested information has been received from the various professionals/providers who have served the child, the screener will date stamp all documents and conduct a thorough review of all documentation to determine if the records support the Pervasive Developmental Disorder.
  - If records support that the child has autism or a Pervasive Developmental Disorder other than autism, the screener will have five working days to forward to the Service Coordination provider of choice all documents pertaining to the child including a form indicating the presence of autism or the presence of a Pervasive Developmental Disorder.
  - If no records are available or if records are available but insufficient to support that the child has autism or a PDD other than autism, the screener will have five working days to forward to the Service Coordination provider of choice all documents pertaining to the child including the **Recommendation for Evaluation (PDD Form IR 6)** form recommending an evaluation from the Autism Division or another diagnostic entity.
  - If records do not support that the child has autism or a PDD other than autism, the screener will have three working days to confer with the Autism Division for confirmation. If the Autism Division concurs with the screener the process will end. If this occurs, the parent/legal guardian receive a **Notice of Denial of Services (PDD IR Letter 3)** stating the reason for the denial. The family/legal guardian will also be informed of their right to appeal per the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process (PDD Form 31-A)**. If the Autism Division does not concur, the child will continue through the process.

## Service Coordination

All families will have an opportunity to select a Service Coordination Provider of their choice. The Service Coordinator will assist the family in obtaining EIBI services. Each DSN Board and private Service Coordination provider will designate a specific person to receive information from the PDD Intake and Referral Call Center screener. When the designee receives information, they will complete a record of contact with the date and time the information was received. It will be at the discretion of the provider to assign a specific Service Coordinator. This assignment must be made within three days of receipt of the information from the Intake and Referral Call Center.

Information received from the PDD Intake and Referral Call Center will dictate the specific actions of the Service Coordinator.

### 1. Autism or Other PDD Supported by Records

If it was determined by the PDD Intake and Referral Call Center that the child has autism or a PDD other than autism, the Service Coordinator will:

- Explain the **Service Agreement** to the parent/legal guardian and have them sign the form.
- Explain the **Request for PDD Waiver Slot Allocation: Cover Sheet (PDD Form 30)** to the parent/legal guardian and have them sign the form.
- Gather all documents necessary for CAT to complete a LOC (see Level of Care Determination section for specific documents).
- Complete the **Request for ICF/MR Level of Care for the PDD Waiver (PDD Form 9)**.
- Send a packet containing all information to the District 1 Waiver Enrollment Coordinator. When a waiver slot becomes available, the District 1 Waiver Enrollment Coordinator will forward all documents to CAT for a LOC determination. The procedures outlined in the Level of Care and Slot Allocation and Enrollment sections will then be followed. If no slot is available, the child's name will be placed on a waiting list. If the child is placed on the waiting list, the District 1 Waiver Enrollment Coordinator will notify the family and Service Coordinator by letter. When slots become available, the packet of the first child's name from the waiting list will be forwarded to CAT for a LOC determination.
- Determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If the parent's/legal guardian's express an interest in serving as the Responsible Party or desire more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information (PDD Info-Sheet 8)**. When the child is awarded a slot for services, the Service Coordinator will assist the parents/legal guardians with completing all necessary forms.

## 2. No Records Available or Records are Insufficient

If there were no records or the records were insufficient for the Intake and Referral Call Center to make a determination, the Service Coordinator will:

- Explain the **Service Agreement** to the parent/legal guardian and have them sign the form.
- Make a referral to have the child evaluated at an Autism Division CARE Center or other diagnostic entity of the parent/legal guardian's choice. The results of the evaluation will be shared with the Service Coordinator if the parents have consented by signature. If it is determined that the child does not have autism or another PDD, the process will end. If this occurs, the parent/legal guardian will be informed of their right to appeal per the **SCDDSN Reconsideration Process and SCDHHS Medicaid Appeals Process (PDD Form 31-A)**. If it is determined that the child has autism or another PDD, the Service Coordinator will:
  - a. Explain the **Request for PDD Waiver Slot Allocation: Cover Sheet (PDD Form 30)** to the parent/legal guardian and have them sign the form.
  - b. Gather all documents necessary for CAT to complete a LOC (see Level of Care Determination section for specific documents).
  - c. Complete the **Request for ICF/MR Level of Care for the PDD Waiver (PDD Form 9)**.
  - d. Send a packet containing all information to the District 1 Waiver Enrollment Coordinator. When a waiver slot becomes available, the District 1 Waiver Enrollment Coordinator will forward all documents to CAT for a LOC determination. The procedures outlined in the Level of Care and Slot Allocation and Enrollment sections will then be followed. If no slot is available, the child's name will be placed on a waiting list. If the child is placed on the waiting list, the District 1 Waiver Enrollment Coordinator will notify the family and Service Coordinator by letter. When slots become available, the packet of the first child's name from the waiting list will be forwarded to CAT for a LOC determination.
  - e. Determine the parent's/legal guardian's interest in the Responsible Party Directed Care option. If the parent's/legal guardian's express an interest in serving as the Responsible Party or desire more information about this option, the Service Coordinator will give them the document **Pervasive Developmental Disorder Program Responsible Party Directed Care Enrollment Information (PDD Info-Sheet 8)**. When the child is awarded a slot for services, the Service Coordinator will assist the parents/legal guardians with completing all necessary forms.

## Level of Care Determination

The Level of Care process is identical for current consumers and consumers who apply for services through the PDD Call Center. Once the Consumer Assessment Team has completed the ICF/MR Level of Care determination for PDD Program participation, all relevant records will be forwarded to the District 1 Waiver Enrollment Coordinator. The District 1 Waiver Enrollment Coordinator will review all applications to determine if applicants meet the criteria for enrollment in the PDD Waiver or if they will receive services through the PDD State Funded Program.

The Consumer Assessment Team will make both the initial and annual determination of ICF/MR Level of Care for PDD Program waiver enrollment.

### A. Initial Level of Care Determination

1. The initial LOC determination is requested by completing the **Request for ICF MR/RD Level of Care for the PDD Waiver (PDD Form 9)** and forwarding records that support this Level of Care along with the **Request for PDD Waiver Slot Allocation: Cover Sheet (PDD Form 30)** to the District 1 Waiver Enrollment Coordinator located at Whitten Center. When a slot for PDD services is available, the District 1 Waiver Enrollment Coordinator will forward these records to the Consumer Assessment Team for completion of LOC. To be considered, the LOC packet must include:
  - Formal psychological evaluation(s) that includes cognitive and adaptive scores that support a diagnosis of mental retardation or a related disability.
  - Documentation that confirms a diagnosis of autism, PDD-NOS or Asperger's syndrome (e.g. a report from an SCDDSN Autism Division CARE Center, or a licensed diagnostician. The diagnostic documentation must include information clarifying a DSM-IV rating).
  - Current Single Plan, SC Annual Assessment and Support Plan, Individualized Family Service Plan or Family Service Plan.
  - DDSN Eligibility determination paperwork, if applicable.
  - A current social update (within one year) signed and dated by all required parties that includes information pertaining to:
    - a. Daily living and other adaptive functioning;
    - b. Behavior/emotional functioning; and/or
    - c. Medical and related health needs.

2. If behavioral issues are referenced in the consumer's current Plan, the packet should include a current signed and dated BSP or other supporting documentation that outlines and clarifies the nature and severity of any referenced behavioral issues. This information may also be submitted in the form of a SC Social Update and should address any verbal abuse, self-abuse, physical aggression towards others or property destruction, if applicable.
3. After review, the Consumer Assessment Team may return the request to the Service Coordinator and request that the potential waiver recipient be tested by a SCDDSN approved provider psychologist. The Consumer Assessment Team may also request additional records or reports prior to completing the **Level of Care Determination for ICF/MR (LOCD Form 2: PDD)**.
4. When the Level of Care determination has been made, the Consumer Assessment Team will certify that the person does or does not meet ICF/MR Level of Care. This is done by completing the **SCDDSN Level of Care Certification Letter (LOCC Letter: PDD)** and mailing the completed letter, with the procedure for appeals printed on the reverse side, to the applicant or his/her family or guardian, and a copy to the Service Coordinator. In addition to the **SCDDSN Level of Care Certification Letter (LOCC Letter: PDD)**, the Service Coordinator will receive the **Level of Care Determination for ICF/MR (LOCD Form 2)** and the **Level of Care Staffing Report (LOCS Form 1: PDD)** that have been used by the Consumer Assessment Team to determine whether or not ICF/MR Level of Care was met. These forms along with the Certification Letter should be kept in the recipient's file (this information must remain in the file and NEVER be purged).

#### B. Annual Level of Care Determination

1. The Annual LOC determination is requested by completing the **Request for ICF MR/RD Level of Care: PDD Waiver (PDD Form 9)** and forwarding records that support this Level of Care to the Consumer Assessment Team located at the District One office (8301 Farrow Road; Columbia, SC 29203-3294). The Annual LOC request should be received by the Consumer Assessment Team at least six weeks prior to the LOC Expiration Date. The Annual LOC packet must include the same components as above.

#### Slot Allocation and Enrollment

The District 1 Waiver Enrollment Coordinator will review all applications to determine if applicants meet the criteria for enrollment in the PDD Waiver or if they will receive services through the PDD State Funded Program.

1. For those who meet LOC
  - The District 1 Waiver Enrollment Coordinator will:



- a. Time and date stamp the child's application when it is received from CAT.
  - b. Review the application and Level of Care determination to assure all criteria for the PDD Waiver are met. This review will be completed within 10 working days of the time and date stamp. If the child meets all criteria for enrollment into the PDD Waiver and a slot is available, the District 1 Waiver Enrollment Coordinator will complete a **PDD Waiver Notice of Slot Allotment (PDD Form 5)** and forward it to the Waiver Enrollment Coordinator.
- The Waiver Enrollment Coordinator will add the child to the Waiver Tracking System (WTS) and forward the **PDD Waiver Notice of Slot Allotment (PDD Form 5)** to the Service Coordinator.
- The Service Coordinator will:
  - a. Update the child's Service Plan within 45 days of receiving the **PDD Waiver Notice of Slot Allotment (PDD Form 5)**.
  - b. Explain the **PDD Waiver Freedom of Choice (PDD Form 2)** and the **PDD Waiver Acknowledgement of Rights and Responsibilities (PDD Form 1-A)** forms and have the parent/legal guardian sign the appropriate documents. The **PDD Waiver Acknowledgement of Rights and Responsibilities** must be completed annually.
  - c. Send a copy of the **PDD Waiver Freedom of Choice (PDD Form 2)** to the Waiver Enrollment Coordinator. Once all documentation is received the Waiver Enrollment Coordinator will process the enrollment.
  - d. Monitor the WTS for verification that child has been enrolled. Once the WTS indicates the child is enrolled, the Service Coordinator can request services and develop the budget approval process.

## 2. For those who do not meet LOC

- The District 1 Waiver Enrollment Coordinator will:
  - a. Time and date stamp the child's application when it is received from CAT.
  - b. If the child meets all age and diagnostic criteria for participation in the PDD Waiver but does not meet Level of Care and/or Medicaid financial eligibility criteria, the child will be awarded a PDD state funded slot if one is available. The District 1 Waiver Coordinator

will complete a **PDD State Funded Program Notice of Slot Allotment (PDD Form 10)** and forward it to the Waiver Enrollment Coordinator.

- The Waiver Enrollment Coordinator will add the child to the Waiver Tracking System and forward the **PDD State Funded Program Notice of Slot Allotment (PDD Form 10)** to the Service Coordinator.
  - The Service Coordinator will:
    - a. Update the child's Service Plan within 45 days of receiving the **PDD State Funded Program Notice of Slot Allotment (PDD Form 10)**.
    - b. Explain the **PDD State Funded Program Acknowledgement of Rights and Responsibilities (PDD Form 1-B)** and have the parent/legal guardian sign the appropriate documents. The **PDD State Funded Program Acknowledgement of Rights and Responsibilities** must be completed annually.
3. Once the child is enrolled, their case must be managed by a Service Coordinator rather than an Early Interventionists. The Service Coordinator will:
- Provide the parent/legal guardian with written information concerning the department's abuse and neglect policy.
  - Provide the parent/legal guardian with information on selecting an EIBI provider of their choice. Once the selection is made, the budget will be initiated.